## **APPLICATION DATA SHEET**

| Application Information          |   |
|----------------------------------|---|
| Application Number::             |   |
| Filing Date::                    |   |
| Application Type::               | Regular   |
| Subject Matter::                 | Utility   |
| Suggested Classification::       |   |
| Suggested Group Art Unit::       |   |
| CD-ROM or CD-R?::                | None  |
| Number of CD Disks::             |   |
| Number of Copies of CDs::        |   |
| Sequence Submission?::           |   |
| Computer Readable Form (CRF)?::  |   |
| Number of Copies of CRF::        |   |
| Title::                          | USE OF ALPHA-1 ANTITRYPSIN FOR THE PREPARATION OF MEDICAMENTS FOR THE TREATMENT OF FIBROMYALGIA |
| Attorney Docket Number::         | 034284-003  |
| Request for Early Publication?:: | NO  |
| Request for Non-Publication?::   | NO  |
|                                  |   |

Suggested Drawing Figure::

**Total Drawing Sheets::** 

| Small Entity?::                  | NO            |
|----------------------------------|---------------|
| Latin Name::                     |               |
| Variety Denomination Name::      |               |
| Petition Included?::             | NO            |
| Petition Type::                  |               |
| Licensed US Govt. Agency::       |               |
| Contract or Grant Numbers::      |               |
| Secrecy Order in Parent Appl.?:: | NO            |
|                                  |               |
| Applicant Information            |               |
| Applicant Authority Type::       | Inventor      |
| Primary Citizenship Country::    | Spain         |
| Status::                         | Full Capacity |
| Given Name::                     | Ignacio       |
| Middle Name::                    | Blanco        |
| Family Name::                    | Blanco        |
| Name Suffix::                    |               |
| City of Residence::              | Oviedo        |

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

c/ Comandante Caballero, 10 10 A

Spain

Oviedo

State or Province of Mailing

Address::

Country of Mailing Address::

Spain

Postal or Zip Code of Mailing

Address::

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing

Date::

This application

**Foreign Priority Information** 

Country:: Application Number:: Filing Date:: Priority

Claimed::

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Spain 200402282/5 09-24-2004 YES

**Assignee Information** 

Assignee Name:: PROBITAS PHARMA, S.A.

Street of Mailing Address:: Marina, 16-18, Torre Mapfre, Pl. 26

City of Mailing Address:: Barcelona

State or Province of Mailing

Address::

Country of Mailing Address:: Spain

Postal or Zip Code of Mailing

Address:: 08005